Revision: HCFA-PM-88-10 (BERC)

December 1999

Attachment 3.1-AB

Page 7(b)

OMB NO.: 0938-0193

## **Parenting Education**

Parenting education classes include a series of classes which meets two or more times and provides a total of at least six hours of instruction designed to help new parents, or parents to be, improve their skills and be more knowledgeable about carrying out their primary responsibilities as parents. These classes should be based on a written plan which outlines course objectives and specific content to be covered in each session. Instructions includes but is not limited to:

- caring for your new baby
- early growth and development
- early self-esteem
- injury prevention
- child health supervision

Instructors - Instructors include persons certified as parent or family life educators, early childhood developmental specialists, registered nurses or other health care providers who have completed training designed to prepare them as parenting instructors or facilitators.

## **Nutritional services**

Nutritional Services, when provided by a qualified nutritionist to Medicaid eligible pregnant women identified as having high risk conditions by their prenatal care provider, includes but is not limited to:

- Nutrition Assessment
- Development of an individualized care plan
- Diet therapy
- Counseling, education about needed nutrition habits/skills and follow-up
- Communication with the WIC Program, Baby Love Program and prenatal care provider as appropriate.

The high risk indicators used to access the client's medical need for the services are as follows:

- diabetes or other metabolic disorder
- hypertension or other chronic condition
- anemia (Hgb<10gm/dl; hct<30%)
- < 15 years of age at time of conception
- multiple fetuses
- prescribed therapeutic diet
- inappropriate weight gain (inadequate, erratic, excessive)
- intrauterine growth retardation
- underweight at conception (<90% standard weight for height)
- very overweight at conception (>135% standard weight for height)
- eating disorder (pica, anorexia, bulimia)
- substance abuse (alcohol, drugs, tobacco)
- HIV infection
- hemoglobinopathies (sickle cell disease, thalasemia)
- other high risk medical conditions as referred by prenatal care provider.

TN No. 99-21 Approval Date 3/2/CC Effective Date 10/1/99

Supersedes TN No. 87-16

| Revision: |   | 1.0111 111 3 / 3 (1.2)  |               | ATTACHMENT 3.1-B<br>Page 9 |             |           |             |  |
|-----------|---|---|---------------|----------------------------|-------------|-----------|-------------|--|
|           |   | State/Territory: North Carolina   |               |                            | _           |           |             |  |
|           |   | AMOUNT, DURATI<br>MEDICALLY NEED  | -             |                            | ICES PROVID | ED<br>—   |             |  |
| 24.       | defined   | d Community Car<br>, described and<br>ces A-G to Supp   | limited in Su | pplement                   | 2 to Atta   |           |             |  |
|           |   | Provide   | d             | X                          | Not Provi   | ded       |             |  |
| 25.       | or res<br>for th<br>author<br>treatm<br>service | Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home. |               |                            |             |           |             |  |
|           | <u>X</u> P                                      | rovided:  | State Approve | d (Not I                   | Physician)  | Service P | lan Allowed |  |
|           |   |   | Services Outs | ide the                    | Home Also   | Allowed   |             |  |

Limitations Described on Attachment

TN No. 95-07 Supersedes TN No. 93-04

X

Not Provided

North Carolina

## LIMITATIONS ON AMOUNT DURATION AND SCOPE OF SERVICES MEDICALLY NEEDY

MAY 1 8 1986

Services covered for medically needy individuals are equal in amount, duration and scope to services covered for the categorically needy. Limitations are described in Attachment 3.1-A.1.

TN No. 86-19 Supersedes

TN No. 82-02

Approval Date \_\_\_\_\_ Ffective Date 10-1-86